

Patient Communication; Phone Encounters

INSULIN INJECTION / BLOOD SUGAR LOG

NorthEast Peds Endocrinology Phone: (704) 782-6030 Fax: (704) 782-6032
--

**(Please allow 3 business days for replies, or call to speak to nurse if urgent)

Name: _____ DOB: _____ Parent name: _____

Number to contact with recommendations: _____ (is this home, work, or fax? _____)

Date		Bkfst		Lunch		Din		Bed	MN	Other	Notes
	Time										
	BG/ket.										
	Carbs										
	Insulin										
Date		Bkfst		Lunch		Din		Bed	MN	Other	Notes
	Time										
	BG/ket.										
	Carbs										
	Insulin										
Date		Bkfst		Lunch		Din		Bed	MN	Other	Notes
	Time										
	BG/ket.										
	Carbs										
	Insulin										
Date		Bkfst		Lunch		Din		Bed	MN	Other	Notes
	Time										
	BG/ket.										
	Carbs										
	Insulin										
Date		Bkfst		Lunch		Din		Bed	MN	Other	Notes
	Time										
	BG/ket.										
	Carbs										
	Insulin										
Date		Bkfst		Lunch		Din		Bed	MN	Other	Notes
	Time										
	BG/ket.										
	Carbs										
	Insulin										

Recommendations:

MD Signature: _____ Date: _____